PAGE 1 / 23

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	nonzeu committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Citizens For Restoring	USA		
ADDRESS (number and street)	339 Cocoanut Row		
▼ Check if different	Rear		
than previously reported. (ACC)	Palm Beach		FL 33480 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00575993		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (Mi	(Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (\	YE)Electio	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on 11 / 08	in the State of FL
5. Covering Period 10		through 11	M / D D / Y Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z Z
I certify that I have examined th	nis Report and to the best of Kiger, Robert, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer Kige	r, Robert, , ,	[Electronically Filed]	Date 12 / 04 / 2016
NOTE: Submission of false, erron	neous, or incomplete information	n may subject the person signing	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Citizens For Restoring USA 10 01 2016 11 28 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2.32 January 1, 2016 (b) Cash on Hand at 73.88 Beginning of Reporting Period..... 340.00 4276.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 4278.32 413.88 6(a) and 6(c) for Column B)..... 335.34 4199.78 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 78.54 78.54 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 1324.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

01 10 2016 11 28 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 100.00 350.00 (i) Itemized (use Schedule A)..... 0.00 2256.00 (ii) Unitemized (iii) TOTAL (add 2606.00 100.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 2606.00 100.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 240.00 1670.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 4276.00 12, 13, 14, 15, 16, 17, and 18(c))....... 340.00 20. Total Federal Receipts 340.00 4276.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbu		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
• (are	0.00	0.00
(ii) Non-Feder	al Share	0.00	0.00
(b) Other Federal		4 4	
	Expanditures	262.34	2618.78
	a)(ii), and (b))	262.34	2618.78
2. Transfers to Affiliate	d/Other Party	0.00	0.00
. Contributions to		0.00	0.00
	Committees	0.00	0.00
 Independent Expend (use Schedule E) 	ditures	0.00	0.00
 Coordinated Party E (52 U.S.C. § 30116 	(d))	4 4 4	
(use Schedule F)		0.00	0.00
. Loan Repayments N	//ade	73.00	1581.00
Loans Made		0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	ons Other	0.00	0.00
man i ontical c	John Millers	0.00	0.00
	Committees	0.00	0.00
(c) Other Political (such as PACs	Jommittees	0.00	0.00
(d) Total Contributi			
(add Lines 28(a	a), (b), and (c))	0.00	0.00
. Other Disbursement	,		
Non-Federal Donation	ons)	0.00	0.00
. Federal Election Ac (a) Allocated Fede	ivity (52 U.S.C. § 30101(20)) ral Election Activity		
(from Schedule			
(i) Federal Sha	re	0.00	0.00
	re	0.00	0.00
(b) Federal Electio	n Activity Paid ederal Funds	0.00	0.00
-	lection Activity (add	0.00	0.00
Lines 30(a)(i),	30(a)(ii) and 30(b))	0.00	0.00
	(add Lines 21(c), 22,		
23, 24, 25, 26, 27,	28(d), 29 and 30(c))	335.34	4199.78
Total Federal Disbu			
	(ii) and Line 30(a)(ii)	207.04	
	•	335.34	4199.78

DETAILED SUMMARY PAGE

of Disbursements

	III. Not. Oncode the Const.	OOLUMNI A	001111111111111111111111111111111111111
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	100.00	2606.00
34.	(from Line 28(d))	0.00	0.00
	Net Contributions (other than loans) (subtract Line 34 from Line 33)	100.00	2606.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	262.34	2618.78
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	262.34	2618.78

Receipt For:

C

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	6	OF	23		
(check only one)										
	X	11a		11b		11c	12			
		13		14		15	16	;	17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Citizens For Restoring USA Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rummel, Jamie, , , Date of Receipt Mailing Address Route 553 2016 Box 115 City State Zip Code Transaction ID: SA11AI.4720 PΑ Alverda 15710 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) None None Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rummel, Jamie, , , Date of Receipt Mailing Address Route 553 2016 Box 115 City State Zip Code Transaction ID: SA11AI.4721 PΑ Alverda 15710 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) None None

Primary General Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle Mailing Address City	Date of Receipt	
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C Occupation (for Individual)	Amount of Each Receipt this Period Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	100.00

Aggregate Year-to-Date ▼

TOTAL This Period (last page this line number only).....

100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only).....

mana# 204642040027606920			
Image# 201612049037606830 SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 23 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Citizens For Restoring USA			
Full Name of Individual (Last, First, Middle In Kiger, Robert, , , Mailing Address 339 Cocoanut Row City Palm Beach FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify)	State FL Occu	Zip Code 33480 upation (for Individual)	Date of Receipt 10 19 2016 Transaction ID : SA13.4731 Amount of Each Receipt this Period 115.00 Memo Item Loan From R. Kiger
Full Name of Individual (Last, First, Middle In Kiger, Robert, , , Mailing Address 339 Cocoanut Row City Palm Beach FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary Other (specify) General	State FL Occu	Zip Code 33480 upation (for Individual)	Date of Receipt 10 19 2016 Transaction ID: SA13.4732 Amount of Each Receipt this Period 25.00 Memo Item Loan From R. Kiger
Full Name of Individual (Last, First, Middle In Kiger, Robert, , , Mailing Address 339 Cocoanut Row City	State	Zip Code	Date of Receipt 10 29 2016 Transaction ID : SA13.4733

Name of Employer (for Individual) 0 Self S Receipt For: Aggregat Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full **c.** Kiger, Robert, , , Mailing Address 339 Cocoanut Row City State FLPalm Beach Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Loan From R. Kiger Self Self Receipt For: Aggregate Year-to-Date ▼ Primary General 1670.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... 240.00

17

SCHEDULE B (FEC Form 3X)	lles com	wata achedule()		FOR LINE NUMBER:				23
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only] oe	7 07		
		Summary Page	X 21b 28a	22 28b	23 28c	26	27 30b	
Any information copied from such Reports and Statem	L nents mav r	not be sold or use						ns
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
Citizens For Restoring USA								
Full Name (Last, First, Middle Initial)								
A. T Mobile				Date of Disbursement				
Mailing Address PO Box 37380				10 19 2016			1	
Mailing Address FO Box 37360				10	19		010	4
,	State	Zip Code		FEC Ident	ification N	umber		
Albuquerque Purpose of Disbursement	NM	87176					-	
Telephone Expense			001	C	antinu ID	0D04D 4	705	
Candidate Name			Category/		action ID : Each Disl	-	-	riod
Office Cought:			Туре				138 05	\neg
Office Sought: House Disbursen Senate	nent For: Primary	General		138.95				
	Other (spec			Memo	Itom			
State: District:				Memo	, item			
Full Name (Last, First, Middle Initial)				D-44 D				
B. T Mobile				Date of Disbursement				
Mailing Address PO Box 37380				10 29 2016				
		la l						
,	State NM	Zip Code 87176		FEC Identification Number				
Purpose of Disbursement	001			С				
Telephone Expense				Transaction ID : SB21B.47		726		
Candidate Name			Category/ Type	Amount of	Each Dis	bursemen	t this Per	riod
Office Sought: House Disbursen	nent For:		туре				92.69	П
	Primary	General					45	_
	Other (spec	cify)		Memo	Item			
State: District: Full Name (Last, First, Middle Initial)								
C.				Date of D	isbursemei	nt		
				M M	D D	/ Y Y	Y	1
Mailing Address								1
City	State	Zip Code		FFC Ident	ification N	umber		
Purpose of Disbursement				1.1		1 1	-	
Tarpose of Dispursement		C .						
Candidate Name	Category/	Amount of	f Each Dis	bursemen	t this Per	riod		
Office Cought:	Туре							
Office Sought: House Disbursen Senate	nent For: Primary	General			7	7	780	
President	Memo Item							
State: District:				ivierno	, 116111			
							231.64	$\overline{\neg}$
SUBTOTAL of Disbursements This Page (optional)			······		7	7	231.04	₩.
TOTAL This Period (last page this line number only).							231.64	

17

SCHEDULE B (FEC Form 3X)	lles ser	wata ach saluls (1)	FOR LINE		PAGE 9 OF 23	
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only		06	
		Summary Page	21b 28a	22 23 28c 28c	26 27 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may r	not be sold or use	ed by any personal committee to	on for the purpose of	soliciting contributions	
NAME OF COMMITTEE (In Full)	ie and addr	ess of any politic	ai committee to	SOLICIT CONTRIDUTIONS T	rom such committee.	
Citizens For Restoring USA						
Full Name (Last, First, Middle Initial)				5		
A. Kiger, Robert, , ,				Date of Disbursement		
Mailing Address 339 Cocoanut Row				10 03	2016	
Palm Beach	State FL	Zip Code 33480		FEC Identification	Number	
Purpose of Disbursement Repay Loan			009	C		
Candidate Name			Category/	Transaction II Amount of Each D	D: SB26.4729 visbursement this Period	
Office Sought: House Disbursen	nent For:		Туре		40.00	
	Primary	General		10.00		
President State: District:	Other (spec	cify) 🔻		Memo Item		
Full Name (Last, First, Middle Initial) B. Kiger, Robert, , ,				Date of Disbursem	nent	
				M = M / D = D	1.1	
Mailing Address 339 Cocoanut Row				10 03	2016	
City Palm Beach	State Zip Code FL 33480			FEC Identification Number		
Purpose of Disbursement				С		
Repay Loan Candidate Name				Transaction II) : SB26.4730	
Candidate Name			Category/ Type	Amount of Each D	isbursement this Period	
Office Sought: House Disbursen			1765		33.00	
	Primary Other (spec	General			,	
State: District:	Other (spec	ony)		Memo Item		
Full Name (Last, First, Middle Initial)				D . (D).		
C.				Date of Disbursem		
Mailing Address				W - W / B - B	,	
City	State	Zip Code		FEC Identification	Number	
Purpose of Disbursement			· · ·	C		
Candidate Name	Category/ Type	Amount of Each D	isbursement this Period			
Office Sought: House Disbursen			. , , , ,			
	Primary	General			,	
State: District:	Other (spec	Ziiy) ▼		Memo Item		
					73.00	
SUBTOTAL of Disbursements This Page (optional)			······		73.00	
TOTAL This Period (last page this line number only)					73.00	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 23

FOR LINE 13 OF FORM 3X

			Potation cultimary rage Fort Elive 15 of Fortivi 5X
AME OF COMMITTEE (In Full Citizens For Restoring			Transaction ID : SC/10.4142
Auzens i or ivestoring	<u> </u>		
LOAN SOURCE Full Name Kiger, Robert, , ,	(Last, First, M	iddle Initial)	N
Mailing Address 339 Cocoan	ut Row		Other (specify) ▼
City		State	ZIP Code
Palm Beach		FL	33480
Original Amount of Loan		Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
7	900.00	4	0.00 900.00
TERMS Date Incurred		[Pate Due Interest Rate Secured:
M 08 / D 12 / Y	2015	M = M / D = D	12/31/2016 5.00 Yes X No
List All Endorsers or Guara	antors (if any)	to Loan Source	
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This	Page (optional)		900.00
OTALS This Period (last page			300.00
carry outstanding balance only	v to LINE 3 Sc	hedule D. for thi	s line. If no Schedule D. carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF 23

FOR LINE 13 OF FORM 3X

			TOTAL EINE 13 OF FORTING SX
AME OF COMMITTEE (In Full) Ditizens For Restoring US	А		Transaction ID: SC/10.4143
			T-v-v
LOAN SOURCE Full Name (La Kiger, Robert, , ,	st, First, M	iddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Ro	DW .		General Other (specify) ▼
City		State	ZIP Code
Palm Beach		FL	33480
Original Amount of Loan		Cumulative Pay	
	300.00		76.00 224.00
TERMS Date Incurred		D	ate Due Interest Rate Secured:
	5	M = M / D = D	12/31/2016 5.00 % (apr) Yes X No
List All Endorsers or Guaranto	rs (if any)	to Loan Source	
1. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	Initial)	'	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pag	e (optional)		
OTALS This Period (last page in			224.00
			line If no Schedule D. carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 23

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X			
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4150			
LOAN SOURCE Full Name (Last, First, M Kiger, Robert, , ,	iddle Initial)	N ☐ Memo Item			
Mailing Address 339 Cocoanut Row		Other (specify) ▼			
City	State	ZIP Code			
Palm Beach	FL	33480			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
200.00	-	0.00 200.00			
TERMS Date Incurred	Da	ate Due Interest Rate Secured:			
M 09 M / D 28 D / Y 2015 Y	M = M / D = D	12/31/2016 5.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line onl					
Carry outstanding balance only to LINE 3. Sc	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 23

FOR LINE 13 OF FORM 3X

			Potation cultimary rage Fort Elive 15 of Fortiw 5X
AME OF COMMITTEE (In Full) Citizens For Restoring U	SA		Transaction ID: SC/10.4155
_			Lee .
LOAN SOURCE Full Name (I Kiger, Robert, , ,	_ast, First, M	iddle Initial)	N
Mailing Address 339 Cocoanut	Row		Other (specify) ▼
City		State	ZIP Code
Palm Beach		FL	33480
Original Amount of Loan		Cumulative Page	yment To Date Balance Outstanding at Close of This Period
	5.00		980.00 -975.00
TERMS Date Incurred			Date Due Interest Rate Secured:
M M / D D / Y Y	015 Y	M = M / D = D	
List All Endorsers or Guarant	ors (if any)	to Loan Source	
1. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Pa	ige (optional)		075.00
OTALS This Period (last page in			-975.00
arry ourstanding palance only t	O LINE 3. SC	neque D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 14 OF 23

FOR LINE 13 OF FORM 3X

		Totalist sammary rago Totalist to or Totalist sx		
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4575		
LOAN SOURCE Full Name (Last, First, Kiger, Robert, , ,	N			
Mailing Address 339 Cocoanut Row		Other (specify) ▼		
City	State	ZIP Code		
Palm Beach	FL	33480		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
75.00		50.00 25.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
M 05 M / 18 J Y 2016	M = M / D = D	√ 5/18/2017 5.00 % (apr) Yes x No		
List All Endorsers or Guarantors (if any	v) to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line	only)			
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 15 OF 23

FOR LINE 13 OF FORM 3X

				Dotailed Carrillary	TOTT EINE 13 OF TOTTIVI 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA					Transaction ID : SC/10.4578
LOAN SOURCE Full Name (Last, First, Middle Initial) N				Item Election: Primary General	
Mailing Address 339 Cocoanut Row					Other (specify) ▼
City		State	ZIP Co	de	
Palm Beach		FL	3348	0	
Original Amount of Loan		Cumulative Pay	ment To	Date	Balance Outstanding at Close of This Period
110.	.00			0.00	110.00
TERMS Date Incurred		Da	ate Due	Interest	st Rate Secured:
M 05 M / 26 J Y 2016	Y	M M / D D	/ Y 5/	/26/2017 ^Y	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (• • •	o Loan Source			
1. Full Name (Last, First, Middle Ini	tial)			Name of Employer	
Mailing Address				Occupation	
City	City State ZIP Code			Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Ini	tial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Ini	tial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Ini	tial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (o	optional).			·····	110.00
TOTALS This Period (last page in this	line only	/)		>	, ,
Carry outstanding halance only to LIN	JF 3 Sch	adula D for this	line If	no Schedule D. carry	y forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 16 OF 23

		Detailed Sufficially Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4709		
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	N ☐ Memo Item			
Mailing Address 339 Cocoanut Row		Other (specify) ▼		
City	State	ZIP Code		
Palm Beach	FL	33480		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
140.00	-	0.00		
TERMS Date Incurred	Da	ate Due Interest Rate Secured:		
M 07	M = M / D = D	7 07/18/2017 5.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line on				
Carry outstanding balance only to LINE 3. So	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 17 OF 23

		Detailed Summary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4710		
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	N ☐ Memo Item			
Mailing Address 339 Cocoanut Row		Other (specify) ▼		
City	State	ZIP Code		
Palm Beach	FL	33480		
Original Amount of Loan	Cumulative Payr	ment To Date Balance Outstanding at Close of This Period		
125.00		0.00 125.00		
TERMS Date Incurred	Da	te Due Interest Rate Secured:		
M 07 M / D 21 D / Y 2016 Y	M M / D D	/ 07/21/2017 5.00 % (apr) Yes x No		
List All Endorsers or Guarantors (if any) t	o Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only	y)	······································		
Carry outstanding balance only to LINE 3, ScI	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 18 OF 23

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4711		
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	iddle Initial)	N		
Mailing Address 339 Cocoanut Row		Other (specify) ▼		
City	State	ZIP Code		
Palm Beach	FL	33480		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
150.00		0.00		
TERMS Date Incurred	Da	ate Due Interest Rate Secured:		
M 08	12 / 09	/ Y 0007 5.00 % (apr) Yes ★ No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line onl	y)	······································		
Carry outstanding balance only to LINE 3. Sci	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 19 OF 23

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4712
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, F Kiger, Robert, , ,	irst, Middle Initial)	N ☐ Memo Item ☐ Election: Primary General
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulativ	ve Payment To Date Balance Outstanding at Close of This Period
150.0	0	0.00 150.00
TERMS Date Incurred		Date Due Interest Rate Secured:
M 08 / D 18 / Y 2016	Y M M /	08/18/2017 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if	any) to Loan Sou	ource
1. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	de Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Cod	de Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	de Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	de Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (op	otional)	150.00
TOTALS This Period (last page in this I		
Carry outstanding balance only to LINE	3, Schedule D. fo	or this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 20 OF 23

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4714		
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N		
Mailing Address 339 Cocoanut Row		Other (specify) ▼		
City	State	ZIP Code		
Palm Beach	FL	33480		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
35.00		0.00 35.00		
TERMS Date Incurred	Da	ate Due Interest Rate Secured:		
M 09 M / D 23 D / Y 2016 Y	10 / 03	5.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) t	o Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only				
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	21	OF	23	
EOD	I INIE	13 OF	EODM 3V	_

		, , , , , , , , , , , , , , , , , , , ,
AME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4731
LOAN SOURCE Full Name (Last, Firs Kiger, Robert, , ,	N	
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
115.00		0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 10	M M / D D	10/19/2017 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a		
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	te ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City	te ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	onal)	115.00
TOTALS This Period (last page in this line	e only)	>
Carry outstanding balance only to LINE 3	3, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 22 OF 23

		Detailed Summary Page FOR LINE 13 OF FORM 3X		
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4732		
Citizens For Restoring USA				
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N ☐ Memo Item		
Riger, Robert, , ,		Primary General		
Mailing Address 339 Cocoanut Row		Other (specify) ▼		
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
City	State	ZIP Code		
Palm Beach	FL	33480		
Original Amount of Loan	Cumulative Payr	nent To Date Balance Outstanding at Close of This Period		
25.00	-	0.00 25.00		
TERMS Date Incurred	Do	e Due Interest Rate Secured:		
10 19 2016	M M / D D	/ 10/19/2017 5.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) t	o Loop Course	76 (dpi)		
Full Name (Last, First, Middle Initial)	o Luan Suulce	Name of Employer		
(223, 113, 113, 113, 113, 113, 113, 113,				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
FOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, ScI	hedule D, for this	ine. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 23 OF 23

FOR LINE 13 OF FORM 3X

				Botanoa Garrinary	Tago TOTT EINE 13 OF TOTTIVI 3X
IAME OF COMMITTEE (In Full) Citizens For Restoring USA					Transaction ID : SC/10.4733
LOAN SOURCE Full Name (Last, First, Middle Initial) N N				N Memo	Item Election: Primary General
Mailing Address 339 Cocoanut Row					Other (specify) ▼
City		State	ZIP Cod	de	
Palm Beach		FL	3348	0	
Original Amount of Loan		Cumulative Pay	ment To	Date	Balance Outstanding at Close of This Period
100	.00			0.00	100.00
TERMS Date Incurred		Da	ate Due	Interest	Rate Secured:
M 10	Y	M = M / D = D	10	/ ^Y 9/2017)	5.00 % (apr) Yes X No
List All Endorsers or Guarantors		o Loan Source			
1. Full Name (Last, First, Middle In	itial)			Name of Employer	
Mailing Address				Occupation	
City	City State ZIP Code			Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle In	2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	City State ZIP Code			Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle In	itial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle In	itial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional).			·····	100.00
TOTALS This Period (last page in this	OTALS This Period (last page in this line only)				
Carry outstanding balance only to LIN	NF 3 Sch	nedule D for this	line If r	no Schedule D. carry	y forward to appropriate line of Summary